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Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000068230 (8)

1. Corporation Name

MOUNTAIN BIKE PARK CORP.



Principal Place of Business

4111-M4 CARRIAGE DR.  
POMPANO BEACH FL 33069

Mailing Address

4111-M4 CARRIAGE DR.  
POMPANO BEACH FL 33069

3. Date Incorporated or Qualified

09/05/1995

3a. Date of Last Report

04/05/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0637396

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SALES, JOSE A Z  
4111-M4 CARRIAGE DR.  
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name

SALAS, JOSE A

82

Street Address (P.O. Box Number is Not Acceptable)

4111-M4 CARRIAGE DRIVE

83

84

POMPANO BEACH

FL

85 Zip Code

33069

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X JOSE ANTONIO SALAS - PRESIDENT

1/13/97

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

PT  
SALES, JOSE A  
4111-M4 CARRIAGE DR.  
POMPANO BEACH FL 33069

TITLE NAME STREET ADDRESS CITY- ST- ZIP

V  
MEJIA, JORGE I  
4111-M4 CARRIAGE DR.  
POMPANO BEACH FL 33069

TITLE NAME STREET ADDRESS CITY- ST- ZIP

S  
MARTINENGO, ALBERTO O  
2036 WILDWOOD LN N  
DEERFIELD BCH FL 33442

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

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TITLE NAME STREET ADDRESS CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE ANTONIO SALAS

1/13/97

Date

(954) 9707427

Daytime Phone #

0518118

CR2E034 (9/96)